PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approved for use through 1/31/20/7. And 0031-0032.

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/656,350			ing Date 05/2003	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A	LD NO	N/A	ı	N/A	122 (0)	١	N/A	TLL (0)		
	SEARCH FEE		N/A		N/A	ı	N/A		ı	N/A			
	(37 CFR 1.16(k), (i), (EXAMINATION FE	E	N/A		N/A		N/A		ı	N/A			
	(37 CFR 1.16(o), (p), (FAL CLAIMS CFR 1.16(i))	or (q))	minus 20 =				x \$ =		OR	x s =			
IND	EPENDENT CLAIM CFR 1,16(h))	s	minus 3 = *			ı	x \$ =		1	x \$ =			
	APPLICATION SIZE 37 CFR 1.16(\$))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If	he difference in colu	r "0" in column 2.		TOTAL			TOTAL						
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	09/22/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.18())	• 31	Minus	~ 37	= 0		X \$26 =	0	OR	x s =			
z	Independent (37 CFR 1.16(h))	• 3	Minus	···13	= 0	1	X \$110 =	0	OR	x s =			
Ĭ	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE			
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1,16(1))		Minus		:	l	x \$ =		OR	x s =			
M	Independent (37 CFR 1.16(h))		Minus	***	:	1	x \$ =		OR	x s =			
Z I	Application Size Fee (37 CFR 1.16(s))								1				
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR				
	•								OR	TOTAL ADD'L FEE			
" If the entry in column 1 is less than the entry in column 2, write "o" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.													

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